

PLACE OF BIRTH		ARIZONA TERRITORIAL BOARD OF HEALTH			
County of <u>Graham</u>		BUREAU OF VITAL STATISTICS.		89 88	
District of _____		CERTIFICATE OF BIRTH.		Ter. Index No. _____	
Town of <u>Franklin</u>		Register No. <u>11</u>		St.; _____ Ward) _____	
City of _____		(No. _____		FULL NAME OF CHILD <u>Dora Kartchner</u>	
FULL NAME OF CHILD		If child is not named, make Supplemental report on blank obtainable from local registrar.		{ Born { Yes Alive { No	
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and { Number in order of birth _____	Legiti mate? <u>Yes</u>	Date of Birth <u>July 13</u> 19 <u>09</u> (Month) (Day) (Year)	
FATHER Full Name <u>Culver Kartchner</u>		MOTHER Full Maiden Name <u>Rebecca Stewart</u>		Residence _____	
Residence _____		Residence _____		Color or Race <u>white</u> Age at last Birthday <u>42</u> (Years)	
Color or Race <u>white</u>		Age at last Birthday <u>39</u> (Years)		Birthplace <u>St Joseph Nev</u>	
Birthplace <u>St Joseph Nev</u>		Birthplace <u>Alabama</u>		Occupation <u>Farming</u>	
Occupation <u>Farming</u>		Occupation _____		Number of child of this mother <u>10</u> Number of children, of this mother, now living <u>10</u> Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
I hereby certify that I attended the birth of above child; and that it occurred on <u>July 13</u> , 19 <u>09</u> , at <u>1 P M</u>					
*When there is no attending physician or midwife, then the householder should make this return. See instructions on back.					
Given or christian name added from a supplemental report _____ 19 _____		(Signature) <u>F. L. Luster M.D.</u> (Attending physician, midwife, householder. *)		Address <u>Dineen Ariz</u>	
429-713-923 COUNTY REGISTRAR.		Filed <u>7/27</u> 19 <u>09</u>		John Evans LOCAL REGISTRAR.	
		Filed <u>8/4</u> 19 <u>09</u>		Laurel Smith COUNTY REGISTRAR.	